§1.84 (a)(2) and (b)(2) will be complied with upon an indication of allowability of claimed subject matter.

IN THE SPECIFICATION:

At page 19, please replace the paragraph at lines 15-27 with the following:

A1

To optimize transplant success, the closest possible immunological match between donor and recipient is desired. If an autologous source is not available, donor and recipient Class I and Class II histocompatibility antigens can be analyzed to determine the closest match available. This minimizes or eliminates immune rejection and reduces the need for immunosuppressive or immunomodulatory therapy. If required, immunosuppressive or immunomodulatory therapy can be started before, during, and/or after the transplant procedure. For example, cyclosporin A or other immunosuppressive drugs can be administered to the transplant recipient. Immunological tolerance may also be induced prior to transplantation by alternative methods known in the art (D.J. Watt et al., 1984, *Clin. Exp. Immunol.* **55**:419; D. Faustman et al., 1991, *Science* **252**:1701).

At page 38, description of Example 5, please replace the paragraph at lines 8-18 with the following:

A2

SD rats were prepared for surgery as described above. A midline abdomen incision was made to expose the ureteral-bladder (vesico-ureteral) junction. The tissue was injected with 10 μl of MDC suspension in HBSS (1-1.5 x 10^6 cells) using a Hamilton microsyringe. At 3 days post-injection, the area surrounding each injection site was excised, prepared for histological analysis, stained for β-galactosidase to determine the location and viability of the cells carrying the LacZ marker, examined microscopically, and photographed. These results demonstrate that MDC-based compositions can be used as utereral-bladder augmentation materials (Figures 3A and 3B) for the treatment of vesico-ureteral reflux symptoms or conditions.